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ACUTE SYNOVITIS OF THE HIP—PURULENT ABSORPTION—DEATH. PUSTULAR ERUPTION ON THE HANDS AND ARMS OF FOUR PERSONS WHO EXAMINED THE BODY.

[Communicated for the Boston Medical and Surgical Journal.]

A stout, healthy farmer, aged 30, in Plymouth, Vt., was attacked on the 12th of March, 1855, with very severe pain in left hip, shooting sometimes down to knee, sometimes around thigh, referred to region of great trochanter. Dr. Rodimon, of Bridgewater, who attended him, says there was no pain in the knee, no pain produced by pressing femur into acetabulum, but some tenderness over the head of the bone. He was excessively restless. Was delirious on the nights of 15th and 16th, all day on the 17th. On the 17th there was great irregularity and intermittence of the pulse, which was about 88. There was slight cough, excessive restlessness and delirium. Was bled at night 24 ounces.

March 18, noon.—I saw him in consultation. Had severe rigor this morning. Delirium has abated. Is confined to bed. Is very restless, spitting almost incessantly with violence, as if mouth were sticky with mucus. Calls for drink often. Tongue moist, coated. Pulse feeble, somewhat irregular, 120 (perhaps excited by the presence of a stranger; Dr. R. says it was 88 an hour ago). Action of heart much stronger than the radial pulse. His whole body is covered with what appears to be the fading eruption of urticaria, which appeared suddenly on the 15th. Abdomen soft, somewhat tympanitic. Complaints of no pain. No deafness, vertigo, nor tinnitus aurium. No dejection for two days. Auscultation presents nothing abnormal, except slight waviness of respiratory sound in most of chest. His left thigh is partly flexed, supported by a pillow under the knee. There is swelling around hip-joint over a considerable surface; very slight tenderness on pressure over head of femur; knee can be drawn up without any complaint of pain, but he moves it very slowly and cautiously. Some swelling of right parotid gland.

His delirium returned after this visit, violent at first, but gradually abating, and with coherent intervals, to afternoon of 20th, when he died, without coma or convulsion.

Autopsy, 24 hours after death.—Rigor mortis strong. Muscles finely developed, healthy. Moderate amount of fat. Cadaveric discoloration of whole back, and many spots on front and limbs.

Left Hip-joint.—Capsule destroyed, the ligament remaining in soft shreds; pus of a darker color than natural in the joint, and infiltrated into the muscles around, which are soft, dull and brownish. Ligamentum teres destroyed. There is irregular thickening of cartilage on the head of the bone; the whole surface is uneven and dull; in one spot it is eroded, leaving the bone denuded, and at several points at the junction of head and neck. Similar erosion at edge of acetabulum. At one point on the articular surface of the femur, there is a slight deposit of osseous matter.*

Heart and pericardium natural; the latter contained half an ounce of serum.

Pleura contained several ounces of serum. Left pleura has slight, close adhesion—mere sticking—no fibrinous exudation perceptible. Some old bands posteriorly, and between lobes of both lungs. No tubercles found. *Lungs* congested, dark and full of fluid at posterior part; crepitate everywhere. But on the surface, particularly anteriorly, there were many spots, generally round, two to four lines in diameter, of lighter color than the surrounding lung; surrounded with a thin layer of lymph upon the pleura, not covering the spot. These, when cut through, appeared about the same depth as their superficial diameter. They were friable, reddish-brown masses, of irregular shape, sometimes soft, sometimes partly removed, leaving commencing cavities. They were surrounded by a distinct layer of lymph, like the wall of an abscess, on the outside of which the lung appeared red and congested for two or three lines. No odor of gangrene about them. Some small pulmonary veins, a line in diameter, were completely plugged with coagulum. The fluid pressed from the contents of these deposits in the lungs, was examined under the microscope by Dr. Isaacs, and showed many pus cells and exudation corpuscles; fluids from various other parts of the lung showed neither. Blood examined from the iliac veins, contained no pus-cells nor abnormal appearance. Portal vein normal.

Liver rather soft, of dull hue; with portions of a yellowish color but not otherwise differing from the rest, extending more or less into the organ, not more than an inch. Not deficient in blood. Under microscope the liver is fatty, the yellowish parts are so in a very marked degree. Gall-bladder half full; ducts pervious.

Spleen soft, the granular portion easily scraped away.

Stomach. Cadaveric softening at left extremity. Mucous membrane somewhat thickened, everywhere softer than natural, mostly covered with tenacious mucus. A large part of surface is dotted fully with bright red points, which do not scrape off or disappear,

* He reported that he had an inflammation of this joint ten years ago, which lasted nearly a year; but he recovered completely the use of his limb, without shortening or deformity.

without removal of the mucous membrane. Stomach contained three ounces of thick chocolate-colored fluid.

Intestines, distended with gas, appeared healthy—not opened. *Mesenteric glands, peritoneum and kidneys*, normal. Bladder contained nearly one pint of urine (he passed it freely not many hours before death).

Cranium.—Very inconsiderable amount of fluid under arachnoid. No pus nor lymph. Membranes normal. Brain removed entire, for anatomical purposes.

Prof. Elliot, Dr. Rodimon, Dr. Isaacs of New York, Messrs. Metcalf and Topliff, medical students, and myself, were present at the examination. Dr. Isaacs dissected the hip, Mr. Metcalf removed the skullcap, and I made the examination of the thorax and abdomen with Mr. Topliff's aid. Dr. Rodimon also had his hands somewhat in the fluids. Dr. Elliot took no part in the dissection.

Dr. Rodimon was the only one who escaped entirely all ill consequences. Dr. Elliot was attacked with nausea in the room, with a severe headache which did not leave him till sleep relieved it at night. Mr. Topliff had a small scratch on his wrist, which was the seat of a pustule of irregular and lingering character. Mr. Metcalf had a large and painful pustule on his wrist, where there was no wound, which began the day after the autopsy and was not ripe for six days. Dr. Isaacs suffered with headache and general *malaise* on the day after the examination, and had then the beginning of several pustules on his hands, which, following the same course which my own case passed through (as I shall presently describe), began to suppurate freely, with swelling and tenderness of the axillary glands, on the 28th of March, six days after their commencement. His hands were not wounded, nor was there any abrasion.

On the morning after the autopsy—15 hours after it—I found some redness, swelling and tenderness around my right fore-finger nail. Towards night (22d), there appeared two small, red and tender spots on the back of my left hand. 23d.—There was a small pustule on the top of each, and erythematous appearance around one of them. Same condition of one below crest of right ilium, which I think began to appear before the autopsy, but now is quite painful and has erythema for two inches around it. Let out a drop of turbid fluid from each.

On the 25th, three more pustules appeared, one on my left hand and two on my right. There was only a watery fluid oozing from those I had punctured. Oedematous swelling began very soon around the pustules; on the left, extending over the whole hand and nearly up to elbow; the skin had also an erysipelatous redness and was tender to the touch. The hands were painful on the slightest motion. I suffered much prostration and debility from the first; had no fever; my nights were very restless till the 25th. I had no appetite, but no thirst. I had a daily evacuation; sometimes heaviness of head, but no pain. Poultices gave no relief.

During nearly the whole time I was obliged to lecture twice daily at the College, which I was enabled to accomplish by the use of quinine and brandy. This always gave me considerable relief.

March 28th.—Suppuration beginning in all the pustules, those which first appeared on the 22d, and those on the 25th. The axillary glands on both sides were swollen and tender—no inflamed lymphatic vessels leading to them. The pustules on the hands of Dr. Isaacs have been attended with no erythematous swelling, and with no constitutional disturbance after the first day; but to-day they are swelling and beginning to suppurate, and his axillary glands are swollen and tender.

On the next day, in both cases, the pustules were all in a state of free suppuration, with central sloughs, and the erythematous swelling beginning to subside. My strength and appetite began to return. I had no further trouble; but the pustules were very slow in healing, and it was a month from the attack before they were fully well.

Here is a disease manifestly excited by the contact of an animal poison with the skin, occurring to four persons who were exposed to it. That it occurred in different degrees in the several individuals is, perhaps, owing partly to a difference in the length of the exposure: that is, I suffered most because my hands were bathed in the fluids of the thorax and abdomen during the whole autopsy, while the other gentlemen were more free from it. The difference may also be partly attributed to a variation in the predisposition in the several persons exposed. Many facts in the history of affections of this class show that persons are very unequally susceptible of the influence of animal poisons, not only in comparison with each other, but, also, with themselves at different times. During my dissections in the dissecting-room as a medical student and since, and in the course of a large number of post-mortem examinations at the Massachusetts General Hospital during my four years' connection with it, and in private practice at the same period, I have only two or three times experienced any trouble from wounds received, although I not unfrequently cut or pricked my hands. The only difficulty I ever had, was several times a small abscess at the seat of a cut or prick, once only attended with swelling of the axillary glands. These were mostly from wounds received in the dissecting-room. My autopsies have included those diseases that are usually found to afford the most virulent poisons to the dissector, erysipelas and puerperal peritonitis, and I have even examined the body of a physician who died of inflammation of the lymphatics and purulent deposits in the joints resulting from a poison received at a post-mortem examination. Notwithstanding this usual exemption from injury, I was on the present occasion the one of four to suffer most; which I cannot avoid adducing as an evidence of the effect that predisposition has upon such cases. Some writers deny that predisposition has any influence, but believe that the poison has the same effect upon all. In this case, the only

person who had any wound was the one least affected. Mr. Topliff had a small scratch on his wrist, in which a pustule appeared the next day, but went through its course without any constitutional disturbance. This gentleman is of remarkably vigorous and healthy habit, six feet high, well proportioned, plump, with fine color in his cheeks, and altogether a true picture of perfect health. The other gentlemen are far less robust, and I was already decidedly out of health, having but just recovered from a painful boil about a fortnight previous. All three, as I have stated, had no wound at all. The redness around one of my finger-nails, which I noticed on the morning after the autopsy, went no further, and soon disappeared.

That the disease arose in all the cases from the same cause, and that cause the autopsy, is proved by the common agreement in the time of its appearance and in its duration, although the several cases differed much in degree. Within twenty-four hours the local affection began in every one; within twelve hours after the outset there was a small elevation upon the centre of the spots, containing turbid or purulent fluid. This being let out, no more pus appeared for six days, and free suppuration was then established in each case. In the six days previous to the suppuration, the erythematous swelling had been gradually extending up to my elbow; the other gentlemen had no inflammation except around the pustule.

I do not find in any of the surgical works to which I have access, including Travers on Constitutional Irritation, any mention of such cases as I have described. The affections which are known to arise from wounds received in dissections, are, inflammation of the lymphatics extending from the seat of injury, and diffuse cellular inflammation arising around the shoulder or in some other distant part, when a wound has been received in the hand. There is no description, nor have I had the observation, of any cases of pustular eruption,* attended by somewhat extended erythema—as in the cases I have related.

Another point of interest is the occurrence of this affection without any abrasion of the skin. Druitt refers to a case related in Sir A. Cooper's lectures, of diffuse cellular inflammation after immersion of the fingers in the fluids of a dead body, when the skin was quite free from wound or abrasion. He also speaks of two analogous cases related by Mr. Travers in the third edition of his work on Constitutional Irritation (not in my copy, which is the 4th edition). "Two persons in attendance on a woman who died of diffuse cellular inflammation, became ill from the contact and effluvia of the discharge, although neither had any wound through which a poison might be inoculated. One of them suffered from acute fascial inflammation of the arm; the other from low fever and abscess in the axilla. The latter was engaged in unfolding

* That is, an eruption of several pustules. Travers mentions cases where a single pustule appeared at the seat of a wound, and such instances are not uncommon.

some sheets from which a most noisome smell proceeded, when she was all at once seized with sickness and faintness, and excruciating pain in the axilla."

These three cases comprise all that I have known or have been able to find, except the cases which form the basis of the present paper. The cases published by Dr. Duncan of Edinboro' all arose from the application of the fluids of a dead body to an abraded surface. Serious constitutional symptoms sometimes arise from the inhalation of the effluvium from the bodies of persons recently dead; but not with the production of local affections like the pustules and erythema in the present cases. It will be seen, of course, that these cases are quite different from those of malignant pustule, in their comparative mildness and the absence of gangrenous tendency.

W. H. THAYER.

Woodstock, Vt., Sept., 1855.

ON UTERINE PAIN AND HEMORRHAGE AFTER DELIVERY.

(Translated for the Boston Medical and Surgical Journal, from the French of Dr. LIEGARD, of Caen, Corresponding Member of the Medico-Chirurgical Society of Bruges, by W. OWEN BROWN, M.D., of Providence, Rhode Island.)

[THE translator is indebted to Dr. S. CLAPP, of Pawtucket, R. I., for the following interesting memoir, which Dr. C. met with during a late tour in Europe.]

The question proposed at the last meeting of the honorable and learned Medico-Chirurgical Society of Bruges, and so perfectly treated in the dissertation which has been judged worthy of the prize, related to the accidents which result from the implantation of the placenta upon the neck of the uterus (hemorrhage before delivery). It seems natural and methodical to study now the accidents which present themselves after delivery—I mean hemorrhage and uterine pains.

The first has been the subject of numerous and important labors. Remedial means, various and more or less efficacious, have been pointed out, and applied, among which compression of the aorta appears to hold the first rank; though this has as yet failed to fulfil all the indications. But that which science wanted, and which no practitioner had as yet sought to discover, was a preservative remedy, a means by which the causes of this formidable accident might with certainty be opposed, and consequently its occurrence prevented.

The second (uterine pains) has, on the contrary, been very much neglected by authors. The causes have been very vaguely indicated, and some soothing means only have been counselled, since these pains have been generally regarded as natural, inevitable, and even necessary, in order to effect the disengagement of the contents of the uterus.

I propose, therefore, to-day, to examine these two forms of acci-

dents, and to indicate the means by the aid of which they are not to be combated, but prevented, *certainly* and *always*. This labor will be almost destitute of scientific theories; that which is important in practical medicine consisting much more in efficacious proceedings, than in systems, more or less ingenious but very often useless to the patient and physician.

1st. Threatened hemorrhages after delivery.—An objection which presents itself at first to the mind of many, and which has been made to me by some accoucheurs of limited experience, is this: "How can it be foreseen that a woman will be attacked with hemorrhage after her delivery? and if this accident cannot be foreseen, why employ ourselves in preventing it? Is not this combating a veritable phantom? To this specious objection, witness what science and experience respond. When a woman has been the subject of grave and alarming hemorrhage, after her two or three first confinements, it is, perhaps, certain, that this will be renewed in her approaching parturition; and moreover it happens almost always that this accident is much more formidable in the last confinement than in the first. We conceive, in fact, that the ordinary cause of the loss of blood, is the inertia, the want of contraction in the uterine walls, becoming more and more decided in proportion as a series of gestations have debilitated and unfavorably relaxed the tissues of this organ.

Among the various means which science possesses and is able to oppose to this menacing danger, the most simple and the most efficacious is, undoubtedly, the ergot of rye, given some minutes before the birth of the child. But experience has demonstrated that the action of this medicine is not infallible, and that it is even completely inert in a certain number of subjects; so that it becomes very imprudent, in a case so grave, to rely wholly upon this means. For about fifteen years I have opposed this unfortunate predisposition effectually with the ergot of rye *before*, and cold injections into the umbilical vein *after* the accouchement; and this with such advantage, with a success so constant, that I now regard this hemorrhagic predisposition as a very simple affair, and one which does not inspire me with the least inquietude. This combined treatment appears so rational, that it is needless to demonstrate its efficacy by numerous observations. I will content myself by relating the two following cases, of which the first contains at once the proof of the usefulness of the two means united, and the insufficiency of the ergot of rye employed alone in the ordinary manner; the remarks relative to after-pains, come for the most part to rest upon the same foundation.

CASE I.—Madame Douin, 28 years of age, of a sanguine nervous temperament and a feeble constitution, had safely arrived at the term for her fourth confinement. The former confinements, and particularly the last, were followed, immediately after the detachment of the placenta, by a loss of blood so considerable that there appeared to be imminent danger of death. At the last con-

finement the hemorrhage was so great, that despite an enormous quantity of cold water poured forcibly upon the abdomen and thighs, it was not arrested until the occurrence of a very profound and prolonged syncope, and the patient was afterwards for a long time in a very feeble state, so that six weeks after, she was hardly able to raise her arms and turn herself in the bed (she lived then in a town some leagues from Paris). A point worthy of remark, is, that her mother, who has borne three children, had been subject, after each confinement, to profuse hemorrhage. Numerous similar cases appear to demonstrate that this hemorrhagic predisposition is the result of a peculiar, hereditary, organic conformation.

The parents, and particularly the husband, were much alarmed upon the occurrence of her fourth pregnancy. The latter came to me, stated the circumstances related above, and manifested extreme anxiety. The physician of the town, whom he had always previously employed, said that nothing could be done to remedy this unfortunate predisposition, and consequently he appeared greatly surprised, when I gave him the positive assurance *that this time the hemorrhage should not take place.*

The pains commenced at 7 o'clock in the evening (August 8th, 1835); at 10 o'clock the labor was at the point of terminating. I then poured half a drachm of powdered ergot into a glass half full of sweetened water, and gave the whole between two pains. Ten minutes after, the child was expelled by the natural uterine pains. The uterus remained slightly contracted upon the placenta, but I saw nothing which indicated clearly the action of the medicine. Half an hour after the first, I administered a second half-drachm dose of the ergot. I made light friction upon the lower part of the abdomen, and soon occasional but feeble pains began to be felt, but the placenta still remained adherent. Gradually the pains lost all their energy, and at last ceased entirely. I feared that the womb becoming inert, the placenta would detach itself, and that the terrible hemorrhage of former confinements would be repeated. I prepared, therefore, promptly to make the injections. I poured a glass of vinegar into five glasses of very cold water, and injected about six fluid ounces (200 grammes) of this fluid into the umbilical vein. Immediately a cold sensation manifested itself in the fundus of the uterus, and almost at the same time a contraction was very evident in this organ. Some minutes after, I injected half a glass more of this acidulated water, and then the pains became more strong, the uterus contracted favorably, and I made with confidence moderate traction upon the cord. The placenta detached itself without the least difficulty, the uterine contraction continued without interruption, and there was no appearance of hemorrhage. This woman rose at the sixth day, and her health was afterwards very good.

Two years after, the same person was confined for the fifth time. I again had recourse to the ergot of rye, employing the same doses as before, about a quarter of an hour before the birth of the child,

but after the uterine contractions appeared energetic. I determined this time to omit the injection. It was more than half an hour after the administration of the ergot, when I profited by a strong pain and made traction upon the cord. The placenta was easily detached, and came away perfectly intact; but almost as soon a profuse hemorrhage came on, and I promised myself, if ever this lady called on me again, under like circumstances, I should not fail to employ the injection.

CASE II.—A young woman of Mondeville, of a sanguine and lymphatic temperament, was pregnant for the third time, when she came, in the month of September, 1845, to inform me of her extreme anxiety. She told me that at her two first confinements, but especially at the second, she suffered such abundant hemorrhage, that despite a deluge of cold water which was poured upon her, the bleeding was not arrested until after a long and frightful syncope; and during many weeks she lay prostrated on her bed, unable to nourish her child, since the secretion of milk had failed entirely. The midwife had told her that if ever she became pregnant again, she would probably perish. I re-assured this woman against the pretended danger, with such confidence that her courage was at once restored. She engaged to come, some days before the full term of her pregnancy, and reside at Caen, in order that we might give her the attention which her condition demanded.

On the 5th of the following January, which was the presumed period of her accouchement, she experienced some slight uterine pains, followed by a watery discharge from the vagina, which flowed little by little almost continually. As she was remaining in the country, I gave directions, which the midwife was charged to observe with great care. She was directed to give about gr. xxx. of ergot (2 grammes), a quarter of an hour before the birth of the child, and a like dose immediately after; she was not to make any traction upon the cord, but to leave that in order for me to make the injections. But during the following days, the uterine contractions disappeared almost entirely—being indicated only by some slight pains in the loins, accompanied and followed almost constantly with the flowing of limpid serosity, more or less considerable.

The 24th of January the mother of this woman came to inform me that for fifteen days past her daughter had been constantly in the same state; that until then she had been very feeble and fatigued, but that on the morning of the present day she had suffered many pains, one a little more marked, followed by a flowing of water more abundant than ordinary. I advised her to administer two or three grains (two decigrammes) of ergot, at intervals of ten or fifteen minutes, and to send for me if the labor made decided progress. They came for me at 8 o'clock in the evening; but instead of the uterine contractions having become energetic, it was impossible for me to appreciate, for an entire hour, with the hand placed over the fundus of the uterus, during the strongest pains felt by the woman, the slightest movement, the feeblest induration

of the body of this organ. These throes consisted in a painful but very fugitive sensation in the lumbar region, accompanied always by the flowing, of which I have spoken, but which did not arrest at all the outcries of the patient. The head was yet above the superior strait, the os almost entirely dilated, but no appearance of the bag of waters. I administered thirty grains (2 grammes) of ergot. The pains in the loins became, perhaps, a little stronger, but there was evidently no active contraction. Three quarters of an hour after, the same amount of ergot repeated, produced no better effect than at first. At 11 o'clock the head was still in the same position; the neck was entirely obliterated and dilated. At 1 o'clock in the morning (January 25th), the pains in the loins became stronger, and the waters flowed abundantly. The pains afterwards gradually diminished, and the woman slept. At 6 o'clock the pains revived a little, but at 7 they were almost imperceptible; the head had passed the superior strait, the vertex turned to the left acetabulum. It appeared as if a few slight contractions would suffice to expel the fœtus; but these continued to be absent, or almost so. The woman rose up, and, being supported, was made to walk a little. She then took three grammes of ergot, which proved equally unsuccessful. I sent to procure some more ergot, and also two grammes of pulverized savine. At 9 o'clock I had not felt any manifest contraction of the fundus of the uterus. I gave three grammes (about 45 grains) more of the ergot. Half an hour after, there had been no very apparent alteration, and I then administered 75 centigrammes (about 12 grains) of pulverized savine. A quarter of an hour after the last dose, I thought I could feel a slight uterine contraction; the woman experienced a stronger and more prolonged pain, and the head was soon in the passage. The chorion was prominent and firm. As the pains returned, though feeble and without well-pronounced uterine contraction, the woman was made to lie down. At 10 o'clock I ruptured the hard and resisting membranes, after many attempts to perforate them with the finger nails. The waters flowed in abundance. At a quarter past 10, the head being upon the point of passing the vulva, I gave about 30 grains of ergot (2 grammes), and the fœtus was expelled a few moments after. The child was strong, but appeared to be suffering; it respired feebly, and its respiration was suspended for about a minute, when a long inspiration was made, and it again fell back into a state of frightful immobility. But having received the ordinary attentions, it cried, swallowed some sweetened water, and, in half an hour after, it appeared very well. The mother felt no pain in the lower part of the abdomen, and it was in vain that the hand sought to induce uterine contractions; everything announced, on the contrary, the imminent hazard of a dangerous flooding. Still, the placenta remained adherent, and the blood did not flow. At 11 o'clock I made the first injection into the umbilical vein. The cord was long, and the syringe contained only two or three fluid ounces (80 grammes). It was not until the third syringeful that the woman said that she felt an agree-

able cold (this was her expression) in the fundus of the womb. I made a fourth injection, when the uterus directly became firm, and a slight traction brought away the placenta. During the following ten minutes I did not cease to make friction over the uterus with my hand, and to notice carefully the progress of its contraction. There was no hemorrhage. At 11½ o'clock, the woman complained of some uterine pains, and the womb never ceased to present to the hand which explored it, the sphere, which re-assures the accoucheur, and which is so justly denominated the globe. She nursed her child, and her health and strength were perfectly re-established.

Never have I seen a case of such profound inertia of the womb, or a labor with uterine contractions so futile! This woman, as she had carefully calculated the term of her pregnancy, ought to have been confined at the commencement of January. Was it the want of energy, or rather the complete nullity of uterine contractions, which occasioned this unusual prolongation of gestation and of labor? I am strongly induced to believe it was. But from whence came all the water which flowed almost without ceasing for sixteen days? Puzos, Lassus, and many other accoucheurs, have maintained that these liquid collections, which constitute a state of hydrometra, are situated between the chorion and the walls of the uterus. Baudelocque has denied the possibility of this. Nevertheless, it has not appeared to me probable that these waters came from the cavity of the amnios. The strength of the bag of waters, and their abundance, when, with difficulty, I was able to rupture the membranes, seemed to me to repel any such explanation.

I ought to observe, that in the two preceding confinements this woman had had a similar flowing of water for nine or ten days preceding, and during all this time she had been exhausted by feeble pains, which seemed not at all to promote parturition.

From these two cases, and from many others, I believe it right to conclude that reason and experience prove, evidently, that injections of the umbilical vein, employed in concert with the ergot of rye, furnish an infallible means of preventing impending hemorrhage after confinement.

We believe there are numerous cases of dangerous, or even fatal flooding after delivery, where the placenta is expelled with the fœtus, or so soon after it as not to admit of injecting fluids into the uterus through the umbilical vein. Still, may not the suggestions in the text be of much practical utility, particularly in cases of adherent placenta?

In respect to the use of ergot of rye in cases of anticipated hemorrhage, Dr. Meigs says he gives it a few minutes previous to the termination of labor, "not for the purpose of aiding in the expulsion of the child or placenta, but by constricting the womb to save those dangerous losses." He says—"I scarcely ever omit such a precaution, for any patient of whom I am informed she floods after delivery."—(*Treat. on Obstetrics*, p. 347.)

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

APRIL 23d.—*External application of the Tincture of Iodine in Erysipelas.*—Cases, Remarks, &c.—Dr. STORER reported the following case.

On the 10th of April, 1855, Dr. S. was called to see Capt. R——. Found his nose swollen and very red, firm to the touch, and tingling, as he expressed it; a slight redness, also, upon the left cheek;—*erysipelas*. Ordered a saline purgative and compresses wet with lead-water.

The next morning (11th), the nose was more swollen, with numerous vesications, some of which had discharged; the redness, heat and fulness, more extended upon the cheek. Washed the whole affected surface with *tincture of iodine*, and, as the fluid exuded from the vesications, re-applied the remedy, until the surface was of a deep mahogany color. Gave directions to the patient's wife to pursue the same course at night. Next morning (12th), it was seen that there had been no extension of the disease, and the patient reported himself as better. Re-applied the tincture.—13th, Disease abating; less fulness; skin much more loose; patient said "he felt like a new man."—14th, Nearly well.—15th, Walking out.

MAY 14th.—*Erysipelas treated by the local application of the Tincture of Iodine.*—Dr. J. B. S. JACKSON reported a case which occurred some weeks ago, under his care, at the Massachusetts General Hospital, and would not have alluded to it, as so many such cases had been presented to the notice of the Society, had not the effects of this mode of treatment been questioned of late.

The patient was a feeble old man, who entered the Hospital on account of a chronic diarrhœa. The erysipelatous inflammation affected, successively, large portions of the face and scalp, but subsided so rapidly upon the immediate application of the tincture of iodine, that the active process was completed in about five or six days; there having been, upon the scalp, a slight degree, only, of vesication.

[Dr. J.'s original remark in stating this case, was, "the application of the iodine seemed to *put out the fire at once*." This so well describes the usual action of the remedy, that we are unwilling to omit it from the record of the case.—SECRETARY.]

The applications were made with a camels-hair pencil, and from once to three times daily.

The constitutional affection in this case was little or none.

This is the only opportunity which Dr. J. has had of using this remedy, which, from all that has been observed here, seems to him a valuable one.

MAY 28th.—*Application of the Tincture of Iodine in Erysipelas. Three Cases.*—Reported by Dr. PERRY, as follows:—"Since the last meeting, I have treated three cases of erysipelas of the face, by the topical application of the tincture of iodine, quite successfully. The first case was that of a young, and previously healthy and robust woman. It came on from sudden exposure to cold, after having been for some time in a heated and crowded room. The disease was ushered in with severe constitutional symptoms. It commenced on the left side of the nose, and before I saw her it had extended over the left cheek to within a few lines of the left ear. I immediately applied, over the whole inflamed surface, the tincture of iodine, and gave her eight grains of Dover's powder. The next day the disease had extended to the right side of the nose and the right cheek. I applied the

iodine to this, as I had the day before to the left, side of the face. On the third day I made another application, when the disease was subdued. The constitutional symptoms disappeared after the first application, and, in a week after the attack, she was quite well.

"CASE II.—This was a lady of feeble constitution, 60 years old; had not been well for many years; had dyspepsia, and occasionally diarrhœa; had not been unusually exposed, and could not trace the disease to any distinct exciting cause. The affection, which commenced on the nose, was ushered in with cold chills, followed by headache, pain in the limbs and back, heat of skin, with a pulse, when I saw her, of 120. I immediately applied the iodine, and gave her an opiate. The next day the disease had extended to both cheeks, but the violent constitutional symptoms had disappeared. The iodine was applied for two days more, when the inflammation subsided, and there was no return of it. During her convalescence she had a severe attack of diarrhœa, which lasted a few days. This did not prostrate her more than her ordinary attacks. She recovered her strength quite rapidly.

"CASE III.—Mr. M——, 60 years of age, of feeble constitution, and for sometime a dyspeptic—was taken, after exposure to cold, with chills, followed by severe pains in the head and back, and a feeling of great prostration. The next day there was a small patch of erysipelatous inflammation on the left side of the nose. I immediately applied the iodine. The next day the inflammation had extended as far as the left cheek. I made a second application, when the disease was arrested. This man was out in five days from the attack. I gave no medicine in these cases except the spirits of nitre, and an opiate at night, until the febrile state had passed off."

MAY 23th.—Dr. GOULD related the following case. The patient was a female, 62 years of age. The disease first appeared on the right side of the face, about the ala of the nose, and traversed the face and scalp very rapidly, running its whole course in three days, and so superficially, as not fully to close the eyes or produce vesication. Cold lotions were applied, and it was expected that the inflammation would terminate, as it usually does, without traversing the neck. Finding, however, that it was rapidly extending between the scapulae, tincture of iodine was brushed over the inflamed, and a narrow margin of the healthy, skin, and no further extension took place.

About the same time she began to complain of great tenderness and severe pain, on motion, around the left ankle, which soon extended to the knee; the limb was but slightly swollen, shining, and without redness—much as in milk leg. Next day it occurred more slightly, in the upper extremity. Accompanying this, there came on delirium, and soon, coma, with a tremulous, spasmodic affection of the lower jaw, which, on the third day, terminated fatally.

Dr. G. presumed there was metastasis of the disease to the limbs, and probably inflammation of the meninges, which latter, he would not have been led to anticipate, considering the unusually rapid and superficial action in the case.

[Dr. G. also remarked, at the time of reporting this case, that the constitutional symptoms were very severe, from the first. While the iodine proved arrestive, it cannot be considered an agent in the metastasis.—Sec'y.]

JUNE 25th.—*Erysipelas of the face and neck; local application of the Ethereal Tincture of Iodine.**—Reported by Dr. MORLAND. Miss —, 58

* This case was observed at the same time with Dr. Storer's, but reported to the Society two months later than his.

years of age, of delicate constitution, and having fair, thin skin, had influenza for a fortnight. Dr. M. saw her first at 10½ o'clock, A. M., April 11th, and found her affected with erysipelas of the face, which she stated began on the previous day (10th), upon the nose, from its middle and over its left side. On rising, next morning (11th), the affection had extended over two-thirds of the left cheek, and was in this state at the first visit. Pulse feeble, 100 per minute; skin cool; coryza; nares plugged with crusts of adherent mucus; tongue clean in centre, a little white at tip and edges; bitter taste in mouth; slight headache; no appetite for three days past; bowels free; is drowsy, and falls asleep in her chair; has found herself much weaker since the influenza.

In about one hour, returned, to apply the ethereal tincture of iodine (iodine, ℥ss.; sulphuric ether, ℥j.), first recommended in this city, by Dr. Silas Durkee. During the short time which had elapsed since the first visit, the erysipelatous blush and tumefaction had extended nearly one inch from the bridge of the nose towards the *right* cheek. Certainly a very rapid progression. Applied the iodine very freely, blackening the skin with it, over the whole of the erysipelatous surface, and overlapping the margin of the latter for at least a half inch all around, upon the sound skin. The smarting was very slight, not complained of by the patient, and quite temporary. Quinine was ordered; to be taken, two grains at once, two more in 4 hours, and one grain in 2 hours from the second dose (five grains in 6 hours); light diet. P. M., 4½ o'clock; patient brighter than in the morning; moves about with more alacrity; the application causes no trouble; has taken two grains of quinine; there is still occasional irresistible drowsiness. Re-applied the iodine, the first painting therewith having faded somewhat; made the whole affected surface quite black, as before, and enlarged the border, on the sound skin, one half an inch, completely around the patch. There had been no extension of the erysipelas over the boundary of the morning's application.

April 12th.—Patient feels better; had a comfortable night. Over a space $\frac{3}{4}$ of an inch on the forehead, and just above the root of the nose, an erythematous blush has appeared since yesterday. At this point, the iodine was not thoroughly applied yesterday; in fact, the spot was almost wholly neglected, the redness not being marked. Took the quinine as directed; repeat same to-day (grs. v.). Re-applied iodine thoroughly. May have mutton broth. 13th, 10½ A. M.—Slept tolerably well; awoke "laughing heartily," as she did, the previous night, "talking loudly." A slight erythematous blush reaches from the iodine line to the ear; the space thus affected is about 4 inches in length, by $\frac{3}{4}$ in width; and this redness has passed within the line of the hair for an inch from the forehead; there is no tumefaction; the aspect is not erysipelatous, properly; the redness is but faint; there are no vesicles. Parts a little sore to the touch. There is to-day much nervous tremor and excitement; patient is of nervous temperament; pulse low and infrequent; skin cool; no other symptoms. One, rather loose, dejection this morning. Continue quinine; may take egg, milk and wine, half a glass-full, at 11 A. M.; broth at dinner; does not wish for meat. If the nervous tremor continue, is to have two drachms of fluid extract of valerian. Re-applied iodine. Dr. Durkee saw the patient in consultation.

14th.—Much better; no extension of redness; pulse firmer and equable. Solution of citrate of magnesia. *Cetera ut antea.* 15th.—Better; a very light erythematous blush on right cheek; nothing of the sort elsewhere.

No headache. Re-applied iodine. Cuticle of diseased surface beginning to flake off; troublesome itching. Continue quinine. 16th.—Improving; slept well; still a pale blush on right cheek; no extension, however; nostrils clearer; eyes less heavy; no soreness of integuments. Thinks she is more hard of hearing than the slight degree of deafness referrible to the influenza. 17th.—Right side of face a little puffy; a slight erythematous blush at lower part of cheek; no other trouble. Deafness about the same; *Suspend quinine*; is to take three and one half grains of carbonate of ammonia, three times a day.—(R. Ammoniae carbonatis, grs. xi.; ætheris sulphurici, ℥ ss.; mist. camphor, ℥ iv. ss.; syrupi zingiberis, ℥ i. Misc.)

18th.—Better, generally; over nape of neck is a spot of pale redness, about three, by two, inches, which has been irritated, she thinks, by her comb; applied the iodine to it very freely; face still puffy; no constitutional symptoms. Continue ammonia. Diet has been gradually made more nourishing, as the appetite grew better.

19th.—Feels "more like herself;" had a good night; pulse much firmer and fuller; tongue clean; strength increasing; no constitutional trouble. No extension of erythema. One small dejection; says she "feels better after every dose of the mixture" (ammonia). Re-applied iodine on neck.

20th.—Better, but much smarting from the iodine on the neck; probably from the skin being very tender under renewal of the application. When applied on the face, she has frequently expressed a sense of "relief" and comfort from the iodine. On examination of the spot on the neck, there is vesication where the iodine was twice profusely applied. The blister evidently arises from the application, and is not from erysipelatous action; there is no swelling, nor any doughy feel of the part. No extension. Same treatment. 21st.—Vesication broken and sore; dress with cerate. Resume quinine, in the same dose. Touched the sound skin around the margin of the first patches on the face, with iodine.*

22d.—Looks and feels still better; epidermis scaling off; no new erythema; a little exudation of serum from two or three fissures around the chin. Vesication on the nape of neck dried up. One natural dejection. Appetite and strength better. Continue quinine.

25th.—Improving. Diminish gradually, and finally suspend, the quinine.

27th.—Nearly well. Discontinued visits.

May 6th.—Miss ——— is entirely well; no trace of the affection to be seen; says she has been thus for a week; gaining strength, and has a good appetite; has been out in a carriage. Takes two grains of quinine daily; is to stop it in three or four days.—Seven days is an ample estimate for the duration of the affection proper, including all the patches; in three, the chief trouble was over.

The general remark from those practitioners who have treated erysipelas by the local application of the tincture of iodine, is, that the duration of the disease has seemed to them to be invariably diminished; and the usual constitutional symptoms either actually absent, or very slight, when compared with those observed in cases of equal intensity at the onset of the affection. This has been noticed in very many instances besides those here recorded; and an amount of evidence is accumulating in favor of this local application which must finally make its efficiency and usefulness universally acknowledged.

In this connection we would call attention to a communication from Dr.

* These portions of integument showed slight vesication next day, thus proving the iodine to be the exciting cause thereof—not the disease. This was doubtless the case with the neck.

J. H. Nutting, of Orford, N. H. (*Boston Medical and Surgical Journal*, July 26, 1855), who has found the simultaneous application of the nitrate of silver and of tincture of iodine to erysipelatous surfaces, quite advantageous; he pronounces it "prompt in checking the spread of the inflammation," &c.

In cases where we have tried the nitrate of silver singly, it has failed, with one exception, in which instance, the erysipelatous blush did not cross a strong line made by the solid caustic. In several other cases, where none but cooling applications were made, and where, at its commencement, the disease was limited, and no more severe in type than those above reported, great extension, violent, and often grave, constitutional affection followed. In one patient there was deep and troublesome ulceration in the site of vesications, with abscess in the cellular tissue of the eyelids and about the forehead.

We believe that these occurrences, in a large majority of cases, if not constantly, in superficial erysipelas, may be prevented by the thorough application of the tincture of iodine.

JUNE 25th.—*Erysipelas after Scarlatina—Iodine Treatment.*—Dr. MINOT had seen a case of erysipelas of the face, following scarlatina. The disease occupied the left cheek, and had existed two days when tincture of iodine was freely applied. The urine of the patient contained albumen, there was much anasarca, with drowsiness, and other grave symptoms. The patient lived about a week. There was no extension of the erysipelas after the application of the iodine.

[The following case and remarks were communicated by Dr. R. H. SALTER, of this city, the results of whose experience with tincture of iodine in erysipelas we requested for communication to this Society (September 10th 1855), in connection with those already given. Out of quite a number of cases this one is taken at random—not selected as particularly favoring our position; indeed, several others, of which Dr. S. has full notes, would have been far more available for such a purpose. We preface the report of the case by the following statements from his paper.

"The observations I shall make respecting the use of iodine, as an external remedial agent in erysipelas, extend over a period of about thirteen years. During this time, twenty-three cases have occurred in which the tincture of iodine was the only external application used." Dr. S. goes on to say that all the local applications, tried by him, previously, had been without any other than merely palliative effect. A certain qualification of this remark is made in favor of nitrate of silver—but no results, worthy of note, were referrible to that substance.

Dr. S. adds; "I will present, somewhat in detail, the first two cases in which the external affection was treated by tincture of iodine, as illustrative of the whole." We quote only one.

CASE I.—May 21st, 1842. M. G., a woman 30 years of age; married; of good constitution; temperament, bilious; has uniformly enjoyed most excellent health. Was not quite well on the 19th; on the 20th, had slight chills, followed by headache and other symptoms of fever. Some nausea and vomiting in the course of the day. During the succeeding night some pain, itching and smarting—not at all severe—on the right side of the nose and on the right cheek near the ala nasi. No cause could be assigned for the attack. When I first saw the patient, near mid-day of the 21st, the local affection had spread over the right cheek, for about one inch and a half, and over the nose, as far as the left cheek. There was a small vesicle

near the tip of the nose. Tumefaction quite marked; she complained of smarting, and burning pain, and of a sense of tension or stiffness of the face. The constitutional affection severe; intense head-ache; skin hot and dry; pulse frequent, irritable, and not of normal strength; bowels costive; urine scanty. She was thought to be "out of her head" during a part of the morning. The general aspect of the patient impressed me with the idea of a grave case of disease. After administering such general remedies as seemed to me to be indicated, without further delay I applied tincture of iodine, by means of a camels-hair pencil, over all the external local inflammation and a little beyond, on the sound skin; two or three coatings were laid on. The smarting and burning pain was very soon relieved, and the patient was not sensible of any other effect from the application. I visited Mrs. G. again, within 12 hours from the first application of the iodine. She had experienced some relief of the general symptoms. Headache not nearly so severe. The iodine had almost entirely evaporated, leaving the parts to which it had been applied very nearly as before its use. The inflammation had extended for three or four lines, and the tumefaction was somewhat increased; there was also a return of the smarting pain of the face. I now re-applied the tincture, using it much more freely than at first. The same relief followed. The patient replied to my inquiry, as to any unpleasant effects from the iodine, that, "*on the contrary, it was grateful, pleasant—very.*" 22d. Twelve hours from last visit; decided improvement in patient's condition, in every respect. The inflammation had scarcely passed the line of demarcation seen at the previous visit and the swelling was not at all increased. There was a soreness of the skin and subjacent tissues, considerably beyond the apparent line of the inflammation, as indicated by pressure with the fingers, even on a portion of the scalp. I re-applied the tincture. Twelve hours afterwards, saw Mrs. G. again; found her very comfortable; she smiled and said "I feel almost well." The inflammation had apparently ceased to spread, and the swelling was much less, as shown by the wrinkled or corrugated appearance of the skin. The soreness of the apparently sound skin was much less than at the last visit. Notwithstanding these favorable appearances, I re-applied the tincture of iodine, as a precautionary measure, though with less freedom.

23d. The patient had passed a comfortable night, and the improvement from yesterday was obvious and decided. No further application of the tincture was made, and probably the last was unnecessary. Suffice it to say that, although there was no prominent crisis, yet, by the 26th, the constitutional affection had entirely subsided; the natural secretions were restored, and convalescence was perfectly established. The cuticle of the affected parts cracked and came off in large patches, leaving the true skin perfectly sound. By the twelfth day, Mrs. G.'s health seemed as good as at it was previous to her illness.

The course and progress of this case were so unlike what I had ever before witnessed in any instance of equal severity, that I was as much surprised as gratified. It will be observed that in less than thirty-six hours from my first visit, the local inflammation had ceased to spread; but the constitutional affection did not entirely subside until about the seventh day from the commencement of the attack.

Dr. Salter concludes by saying that in the case just detailed "the constitutional symptoms were as severe as in any case he ever witnessed, at the commencement, excepting some cases in which delirium was an early and very prominent symptom. The external local affection, too, appeared

very much like what is commonly witnessed in other cases at the beginning. Some few cases, which were almost entirely of a local and mild character, were completely relieved by two or three applications of the iodine, while others required six or eight."

[The following questions were proposed to Dr. Salter in reference solely to the external action of the tincture. In a paper, now in course of preparation by him, the whole subject of erysipelas is thoroughly examined.]

1. In your experience, is the external application of the tincture of iodine to erysipelatous surfaces *arrestive* of the spread of the inflammation? Answer. Yes, decidedly so. In cases, moreover, of equal severity, where palliative applications, only, were used, the total duration of the illness, i. e. before the patient was in full convalescence and the skin nearly restored, was fully 15 days; since applying iodine, I have found it never over 7 days; oftener less.

2. Are the constitutional symptoms modified favorably by this application? Answer. Always; and there seems a better action derived from general remedies, when the iodine is applied.

3. Have you found erysipelatous surfaces to manifest vesication, after thorough application of tincture of iodine? Answer. Never but once; and, in that case, there was no passing of the true erysipelatous blush over the iodine line.

4. In how many cases have you found this application not only beneficial, but *arrestive* of the disease as externally manifested? Answer. In all I have thus treated; and not only is the extension of the disease, externally, prevented, but the constitutional trouble uniformly much diminished and shortened. [Twenty-three cases treated.]

The above cases, all of which, it will be observed, occurred within quite a short period of time, have been grouped, by permission of the reporters, for the purpose of illustrating, so far as their limited number will allow, a point of treatment in which many practitioners in this city and its neighborhood have, of late, taken much interest. Several other examples, affording the same results, might have been given, but, besides adding too much to the bulk of this paper, it has not been deemed necessary, at present.

In the July (1854) Number of the "*American Journal of the Medical Sciences*," we appended a few sentences to a report of a case of "Erysipelas after Vaccination," and referred to certain remarks of Dr. G. A. Otis, one of the Editors of the "*Virginia Medical and Surgical Journal*." (See April No., 1854.) Dr. Otis had maintained that there was no precise evidence of the efficacy of any local application in arresting the spread of erysipelas, and, in commenting upon that opinion, the testimony of "Dr. Durkee and others" was cited by us as constituting at least the commencement of an accumulation of precise evidence in favor of the external application of the *tincture of iodine*, and particularly of the ethereal tincture.

In the April (1855) No. of the *Virginia Journal* (nearly a year after the above remarks, relative to Dr. O.'s opinions, were printed, and just that time since his own report), is a Review, by Dr. O., of Velpeau's Lectures on Erysipelas, and, at its close, occasion is taken to bring forward the subject of local applications, in connection with what had previously been said. A slight acrimonio-ironical vein pervades a portion of this communication, for which, as no ground of provocation is known, it is not easy to account. Leaving aside, however, the charge of "triumphant" adduction of evidence—being unconscious of any exultation, and the ascription "learned," to

which a claim cannot be made out—it will be sufficient to indicate two things which are alike inexcusable in a reviewer, viz., *partial quotation, and a statement wholly without foundation.*

First; reference was not made to Dr. Durkee, *alone*, but to “others,” also, as having furnished facts which afforded ground for stating that “the accumulation of precise evidence” might be said to have been “commenced;” not, as Dr. O. has it, that the facts then reported were regarded “as pretty precise evidence.” (*Vir. Med. and Surg. Journal*, p. 325, April, 1854.)

In view, however, of the observations then collected, and of others which have since been laid before this Society, and of many which have come to our knowledge in other ways, we are ready to use Dr. O.’s words, and say that we have not only “pretty,” but sufficiently, “precise evidence” of the efficacy of this local application in erysipelas; if we had then “commenced,” we have now progressed, decidedly.

Dr. Otis, in continuation, presents an array of figures from distinguished authors, for the purpose of disproving the power of various topical applications to arrest the disease. We do not contest these results, at all, but how does failure with nitrate of silver, creosote, mercurial ointment, &c. &c., demonstrate that *iodine* is inefficacious? Not once, from any of these authorities, is the least evidence presented that this application had been even *tried*. Now this we call, not “precise,” but inaccurate, irrelevant, “evidence.” If we are endeavoring to learn whether or not the tincture of iodine has any arrestive effect, what end is answered by detailing to us the action or inaction of a number of *other* applications? This *resumé* of experience from authors is very well in its place, and as a token of some little research, but is wholly inadvertent to the point which the present question regards.

The statement to which allusion was made, as being without foundation, is this, in Dr. Otis’s own words: “As to Dr. Durkee’s iodine treatment, we learn that it is no longer heard of, even in Boston.” It is sufficient reply to this curt dismissal of the treatment in question, that three of the above cases were reported to this Society on the very evening before the arrival in Boston of the No. of the *Journal* containing the quoted remark; and the present writer saw the case of erysipelas which he has reported—and used the iodine with the effect stated, on the morning the *Journal* was received; previously, however, to reading the absolute *flat* and *dictum* therein contained. Consequently, whoever gave Dr. Otis the information to which he refers, caused him to “learn” an egregious error! The dates of the cases show whether the “iodine treatment” is no longer heard of.

We cannot but again call attention to the statement of Dr. Wood, usually considered as good authority, and which we cited in our first allusion to the remarks by Dr. Otis at the “*Medico-Chirurgical Society*” of Richmond, Va. Dr. Wood distinctly refers to the successful use of the tincture of iodine in *arresting* the spread of erysipelas. (*Vide U. S. Dispensatory*, 6th to 10th Editions.)

In our remarks which prompted the “note” in the *Virginia Journal* on the external use of iodine, &c., in erysipelas, particular mention was made of the constitutional treatment almost invariably pursued here. Dr. Otis is very careful to make no allusion to this, whatever; thereby implying that we ignore such measures altogether, in seeking the cure of the disease. He, however, arrives at the flattering conclusion that he has “shown that local remedies do not cure erysipelas.” We do not suppose that any competent practitioner would dream of doing nothing else (at least in the ma-

jority of cases), for erysipelas than paint the patches of it with iodine; but the true question has been, throughout the discussion, whether this application has, or has not, an arrestive action?

Dr. Perry, it will be noticed, in his three cases above reported, "gave no medicine except the spirits of nitre and an opiate at night." Will any one say that the iodine in his hands was ineffectual in shortening the disease?

We refer with confidence, to the cases collected in this paper, and to the opinions of their authors, for testimony upon this point; and would merely ask our reviewer if he has himself tried the measure which he speaks of in such *ex cathedra* terms, and sets so summarily aside?—SECRETARY.]

APRIL 23d.—*Cancerous Disease of the Heart*.—Dr. JACKSON, who showed the specimen, had received it from Dr. F. S. Ainsworth, with the following history of the case:—The patient was a middle-aged man, engaged in a printing office, always healthy, and dated his sickness very distinctly from the time of his drinking a glass of "brandy soda," about four weeks before his death. He was attacked immediately after this with vomiting; and his symptoms being subsequently rather indefinite, the case was regarded by his attending physician, Dr. Wm. Read, and by Dr. J. Bigelow, who saw him in consultation, as one of poisoning; *i. e.*, his sickness was ascribed to something that he had taken under the name of "brandy soda." He complained of distress about the epigastric region, with a general sense of uneasiness, sleeplessness, and much nervous irritability; but there were no symptoms that referred especially to the heart or lungs; the pulse was regular, and on the day before his death, Dr. B. found the cardiac physical signs healthy. The mouth and fauces were dry. There was pain in the abdomen when he was first seen; the face was also puffy, and the swelling of the face and limbs steadily increased until death. For about ten days, after the first week, there was double vision. For some days after his attack he went to the office, although he did no work; on the evening before his death, which occurred suddenly, about 1 o'clock, he sat up until about 10 P. M., engaged in playing checkers.

The heart is very much enlarged; and the muscular substance is extensively infiltrated with a white opaque deposit, the mitral and tricuspid valves being thickened and stiffened with the same.

Dr. A., who made the autopsy, found also the following appearances:—The whole anterior mediastinum, or space between the lungs, filled up by a morbid deposit similar to that found in the heart, the pericardium being greatly thickened, but not adherent; a large mass of the same beneath the upper part of the sternum, upon the right side, and extending backwards to the spine; disease of the parotid, submaxillary, cervical, axillary, mesenteric and inguinal glands, the parotid being so strikingly enlarged before death, that the man looked as if he had the mumps; numerous small, subcutaneous deposits, from the size of an apple seed to that of a pumpkin seed, some of them being "fibro-cartilaginous, and others gelatinous" in appearance, the skin itself having a peculiarly waxy look, as in cases of cancer; the only internal organs diseased were the liver and the kidneys; the lungs, however, were universally and very firmly bound to the chest by the morbid deposit.

Dr. J. remarked upon the questionable nature of the disease in this case. He was inclined to regard it as cancerous, from the peculiarity of structure and from its being so generally disseminated. Different cases of encephaloid differ much in appearance; and the term is so often inapplicable, that it would have been better if it had never been adopted; the present case is

exceedingly unlike one of this kind, anatomically, and neither would it be regarded as a common case of scirrhus. A thorough microscopic examination was made of this case by Dr. Durkee, and a single hasty examination was made by Dr. Holmes, but no appearance whatever of cancer-cells was found;—a result that Dr. J. had anticipated, from what he had seen in similar cases. The microscopic characters are all-important, as showing a difference between this and a common case of cancer or malignant disease; Dr. J., however, believed that the pathological character and the tendencies were essentially the same, in the one as in the other.

APRIL 23d.—*Bright's Disease :—Disease of the Heart.*—Dr. JACKSON showed the specimens, and described the case. The patient was a man 70 years old, of intemperate habits, and who had been for some months out of health. The symptoms were wholly cerebral; and the peculiar interrupted, or paroxysmal respiration, remarked by the late Dr. Fisher in cases of tubercular meningitis, existed very decidedly in this patient. The urine was strongly coagulable; but there was no anasarca, nor any renal symptom.

On *post-mortem* examination, hypertrophy of the left ventricle of the heart was found, and slight traces of pericarditis were observed; both of these, it is well known, are concomitant of Bright's disease.

When the left ventricle is hypertrophied, the first sound of the heart is muffled, *as the rule*; it was not so in this instance, but the sound was loud, and peculiarly metallic or ringing.

Dr. J. said he had frequently remarked the absence of anasarca in Bright's disease. The kidneys of this patient contained no fat, as shown by the microscope; and this, too, he thought was by no means uncommon. It would be well to ascertain whether fat is absent in these organs generally, where there has been no anasarca.

Forty-eight hours before death, an exudation came out all over the patient's body, making him resemble a salted fish; the following *analysis* of the exuded substance was made by Dr. Bacon :—"The incrustation is composed of saline matter, mixed with fat and scales of epidermis. The saline matter is wholly soluble in water, and consists chiefly of chloride of sodium, with a small proportion of a salt of ammonia. Neither phosphates nor urates could be detected in it."

APRIL 23d.—*Oxide of Zinc as a Remedy for Profuse Perspiration.*—Dr. JACKSON had lately tried this remedy in the treatment of a few cases at the Massachusetts General Hospital. It has been recommended by certain English practitioners within a short time (*See Braithwaite's Retrospect*), and Dr. J. has generally found more or less good effect from its use; the dose being increased to about ten grains. It was used not merely in phthisis, but with very marked effect in a case of cancer of the womb.

Dr. ABBOT, referring to the employment of the oxide of zinc in the night-sweats of phthisis, said that he had found it of very decided efficacy in arresting them; he gave four grains for a dose, in conjunction with hyoscyamus. One dose often stopped the perspiration.

APRIL 23d.—*Koussou in Tænia.*—Dr. PARKS, in one case, had ascertained the existence of two worms; in this instance he had twice administered koussou, and not obtained the head of either of the parasites. Dr. P. added that neither of these patients were occupied in the work of butcher or provision-dealer, which trades have been lately declared, by several medical practitioners, to be peculiarly obnoxious to tænia.

* The necessary combination of cases relative to the use of iodine in erysipelas has seemingly confused the dates. This will be readily understood.—W. W. M.

Bibliographical Notices.

A Manual of Pathological Anatomy. By CARL ROKITANSKY, M.D., Curator of the Imperial Pathological Museum, and Professor at the University of Vienna, &c. Svo. 4 volumes in 2. Philadelphia, Blanchard & Lea. 1855. Pp. 573 and 643.

A translation of this important and valuable work has been for several years in course of publication by the Sydenham Society, of London, which has already issued a large number of valuable medical works, in a style of the highest elegance and accuracy, and which are furnished to subscribers at a moderate annual assessment. Various circumstances have retarded the appearance of the book, the publication of which has only recently been completed. The present edition is a reprint of the London copy, being bound in two volumes instead of four, for the sake of convenience of size and cheapness of price. We cannot say that its typographical appearance compares with that of the original, but as the work is a standard one, it is desirable that it should be afforded at a price which will enable every one to obtain it. The first volume, which treats of general pathological anatomy, is translated by William Edward Swaine, M.D.; the second, on the pathological anatomy of the abdominal viscera, is by Edward Seiveking, M.D.; the third, by Charles Hewitt Moore, contains the diseases of the bones, cartilages, muscles, skin, cellular and fibrous tissue, serous and mucous membranes, and nervous system; the fourth, containing the diseases of the organs of respiration and circulation, is translated by George E. Day, M.D.

The author of this work is acknowledged to be the highest authority on the subject of pathological anatomy, to which he has been devoted ever since his graduation in 1828; the number of corpses dissected by him having been summed up at 30,000. The "Manual" has passed unaltered through three editions, besides the Sydenham Edition and the present one; we need, therefore say no more in order to recommend it to the attention of the profession, who are under the greatest obligations to the Sydenham Society for the admirable translation which it has given to the English public at a heavy expense, and without any adequate return. We feel bound to say that the publishers of the American edition, in appropriating the translation of the Sydenham Society, ought at least to have acknowledged, on the title page, the source from whence it was obtained; and, indeed, all such reprints, unless authorized by their rightful proprietors, are, in our opinion, wholly unjustifiable.

We take this occasion to recommend to the profession here the works of this Society, which may be obtained at a subscription price of five dollars a year. Two or three volumes are issued annually. The honorary local Secretary in Boston is Dr. R. H. Salter, to whom application can be made.

A Voice from the Pious Dead of the Medical Profession, or Memoirs of Eminent Physicians who have fallen Asleep in Jesus, with a Preliminary Dissertation on the Cross, as the Key to All Knowledge. By HENRY J. BROWN, A.M., M.D. Philadelphia. Higgins & Perkinpine, 1855. 12 mo. Pp. 320.

This little volume is written with a view "to refute a charge of incompatibility between the Christian Religion and Science, sometimes made by wicked and ignorant persons." It consists of three short Dissertations on the subjects of The Cross in the Life-Union, The Cross in Nature, and The Cross in Medicine, which are followed by Memoirs of William Hey, Dr.

Good, Dr. Hope, Dr. Bateman, Dr. Godman, Dr. Gordon, Dr. Broughton and Dr. Capadose. The Dissertations are intended "as an incentive to inquiry suggestive as a form;" meaning, we suppose, as a form of inquiry. The Memoirs are interesting, and fully prove, what hardly requires proof, that there is nothing in science which tends to lessen men's faith in the divine doctrines of the Christian Revelation, or to deter them from fulfilling all its obligations. There is no profession which leads its members to more serious reflections upon religious subjects than that of medicine; and as a class, we believe that medical men will not be found wanting in sincerity of belief in Christianity, or in purity of life. Dr. Brown's book will doubtless be read with interest by many who are not members of the profession, as well as by physicians. It is for sale in Boston by Ticknor & Co.

The Diseases of the Heart and the Aorta. By WILLIAM STOKES, Regius Professor in the University of Dublin. Author of the *Treatment and Diagnosis of the Diseases of the Chest, &c.* Philadelphia. Lindsay and Blakiston. Svo. Pp. 710.

It is superfluous for us to say anything in commendation of Dr. Stokes's work on the Heart and Aorta, which, like everything written by this faithful observer and accomplished teacher, is already classic. We can cordially recommend it as of inestimable value both to the student and the practitioner. No medical man should be without a copy who wishes to enlarge his knowledge of the diagnosis and treatment of this important and difficult class of diseases. The volume is beautifully printed, and may be had of Ticknor & Co.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 13, 1855.

"MEDICAL FAITH."

AN ingeniously written article with this title recently appeared in *Chambers's Edinburgh Journal*, and has since been given to the numerous readers of the *Living Age*, in a late number of that periodical, which has become so deservedly a favorite under the judicious management of the Messrs. Littell, of this city.

There is much to engage the attention of the reflecting practitioner of our art in the subject of "medical faith," or, as we understand the term, that trust or credence, be it greater or less, which the public have in the ministrations of physicians.

As a general thing, the mass of the people have so little real knowledge of the functions of their own bodies, and of the requirements of the system in its healthy state, that, by consequence, they must be far more incapable of taking any right action when disordered or diseased, than if they were instructed in anatomical and physiological facts, not to mention pathological phenomena. In our view, it results from this truth, that the only safe course for those who are really ill, or threatened with being so, is at once tacitly to acknowledge their incapacity to judge of the particular derangement of that complicated machine, the body, by a direct and early appeal to those whose entire occupation for years it has been to study the possible and actual disturbances and lesions to which the human frame is exposed.

There is nothing gained, surely, by temporizing; by endeavoring with unskilled hand to close a rent here, or open an obstructed outlet there; in the end it will appear that if the workman *who knows his business* had been at once summoned, when only slight difficulty was apparent, much time and a great deal of wear and tear would have been saved. There are those, who, erroneously supposing that increase of income is the physician's main object, and forgetting, if they ever knew, that every day sees large gratuitous services performed by medical men, delay seeking aid in fear of a pecuniary burden being laid upon them which they cannot bear. Putting aside the groundlessness of this apprehension, so far as the needy are concerned, those who pursue such a course from any other motive, quite as decidedly mistake their real interest. The longer judicious advice is neglected or unobtained, in actual illness, the more discomfort will follow to the patient, and the more expense will be incurred by him, either in loss of time and opportunities of profitable employment, or else in the unavoidably protracted attendance of a medical adviser, when, at last, both the sufferer and his friends have exhausted their supposed resources.

If the delicate machinery of a watch, for example, be suffered to run when the oil which originally lubricated its surfaces has become so thick that it only clogs motion and induces a friction which at once causes aberrations and compromises the integrity of the material, it will be quite useless for the owner, presuming him unacquainted with the art which constructed, and can alone repair the damages of, the work, to try his hand upon it in the way of adjustment or renovation. He may shake it roughly and the wheels will move on again for a while, but only again to grow sluggish; damage is sure to be sustained by forcing action against obstructions which the knowledge of the instructed workman can remove, perhaps in a very short time. Worse than all, without proper attention, and from improper meddling, the beautiful and useful mechanism may be essentially, even irreparably, injured.

Now, although not precisely similar objects of illustration, the human frame and the watch have sufficient ^{an} ~~translat~~ thus considered, for our present purpose. If our watch be out of order ^{without} ~~the~~ have very simple and complete "*faith*" in those who by long ^{the} ~~and~~ study of their art, are the only persons to whom we can reasonably ^{the} ~~entrust~~ it for examination and repair. So, in disordered health (only for far more cogent reasons), should a simple and implicit "*medical faith*" lead sensible people to commit themselves to the care of educated, faithful and conscientious physicians. There are thousands of pretenders, but this does not make it really more difficult to distinguish those who may be trusted. The reliable mechanic is soon discovered and employed; the competent physician is readily known. Should he or the bold ignoramus be appealed to?

It is true that, finally, the community generally decide the above question for themselves in favor of science and cultivation, which, in our times, are synonymous with skill, kindness and moral excellence; for the good physician can lack neither of these; and to such men alone can the care of that frame be entrusted, of which Dr. Watts has truly and beautifully said,

"Strange that a harp of thousand strings
Should keep in tune so long!"

We at first intended to have referred to several points in the article whose caption we have adopted; but, to do it justice, so many selections would be requisite, that we are unable so to do. While the whole article appears to us written in an excellent spirit, and to contain much truth in

its commentary upon medical delusions generally, together with an amusing display of certain long exploded bubbles, we notice one or two remarks which, while apparently reasonable and true, have yet the germ of a fallacy in them.

For instance, the writer says, speaking of empiricism and its effects, "One first, but hitherto neglected step is, in our opinion, necessary, in order to guard mankind against empiricism in medicine; and this is an acknowledgment of the fact that, in many instances, a cure *has* followed the medicine or treatment [empirical], joined, however, with an explanation as to this cure." Now no one will deny that certain so-called "cures" have *followed* such "treatment;" but your empiric cannot give the "explanation" alluded to, even if he would. The genuine physician, we know, cannot always do this, but in the majority of cases he can, and because he knows his ground, which the quack does not. Moreover, a recovery which "follows" the administration of a medicine, or the use of a certain treatment, is not always a "cure," properly. A *cure* is the undoubted result of a remedy, and medical science can confidently claim many such. A *recovery* may take place without any medication, or it *may* "follow" that which the best reason and judgment would pronounce to be the worst possible; but, are such means, for *this reason*, any more justifiable? To use an apparent paradox, the recovery is a *non sequitur* to the treatment. The mistake which the public, and too often the profession, make, is in acting upon a blind belief in "*Post hoc, ergo, propter hoc.*" When will this erroneous and disastrous method of reasoning be banished from medical faith and practice as thoroughly as it is from the affairs of every-day life? When will the office of the physician be truly understood? No medical man is fit for his occupation unless he has those qualities and that education which alike inspire and deserve confidence; and none can derive the complete advantage which they might from medical attentions, unless they are willing, the above premises existing, to accord to such men their implicit "medical faith."

THE IMPORTANCE OF PUBLIC PRIVIES AND URINALS.

We would call the attention of the profession, and of those interested in sanitary reform, to an evil which has always existed in this city, and in most others, and which is a source of much disease, and of great inconvenience to the public;—we speak of the absence of public privies and public urinals, and the want of stringent laws concerning the cleansing of vaults and cess-pools. We conceive that this subject is just as important, and as worthy the attention of the Board of Health, as the lighting, paving and cleansing of the streets. Bad privies are a notorious source of disease. Hardly any outbreak of cholera has been carefully investigated without the condition of the privies being alluded to as one cause of the pestilence. This was the case in the epidemic of 1849 in Boston; speaking of Half-moon Place (a noted centre of cholera), the Report of the City Physician says, "to the right of 'Jacob's Ladder' is a cluster of six privies, situated nearly in the centre of the place. At the time of the epidemic, they were greatly out of repair, and the ground about them was covered with their overflowing contents, removed only by evaporation * * * *. At the foot of the drain are two more clusters of privies, six in number."

It is obvious that drainage alone cannot remove the sources of infection unless the vaults of privies are kept in repair, and regularly emptied. The cost of removing a single load of night-soil from a vault is two dollars in the

winter time, and at least double that sum in summer, when such removal is most desirable. The majority of vaults contain at least two loads, so that the proprietors or tenants of estates have little inducement to attend to so important a means of preserving health. There is a class of people, however, consisting of strangers, emigrants, &c., who being unable to avail themselves of the convenience of a privy, are compelled to resort to some secluded corner for relief. In this way nuisances are committed in our streets, particularly at night, which are an offence against decency and a source of disease. We submit that it is the duty of the City Government to cause public privies to be built in all crowded neighborhoods, especially where the poorest classes of the community dwell. They should be constructed in such a manner as to prevent their being abused, and an attendant should enforce habits of decency. We believe that the establishment of *cabinets d'aisance*, which are so common in the cities of the continent of Europe, would be a profitable enterprise. They would be much used by strangers, and by that large class of people who reside in the country, but whose business compels them to spend the day in town;—a class who would be able and willing to pay a trifle for such an accommodation.

In respect to public *urinals*, Boston is as badly supplied as London. Until we have a convenient number of them scattered about the city, we cannot prevent our court-yards and alleys from becoming the retreat of any one suffering from an over-distended bladder. We have a dozen streams of Cochituate water playing on the Common all day and all night for the convenience of the thirsty, but not a single urinal. All the water that enters the body must come out, and it is better to have proper places to receive it than to allow our buildings and sidewalks to be polluted, and the health of our citizens endangered by the rivers of urine which in many places disfigure our streets.

THE YELLOW FEVER AT NORFOLK AND PORTSMOUTH, VA.

The frightful ravages by Yellow Fever at Portsmouth and Norfolk, Virginia, are well known to our readers in every part of the Union by the daily telegraphic despatches. On Thursday, the 6th, the number of deaths from the disease at Norfolk was 74, and on the preceding day 97 bodies were interred in one pit. At Portsmouth, there were 450 cases on Thursday, and 25 deaths on Wednesday. A large number of medical men and nurses who came from other places to afford succor, have fallen victims to their devotion. The people are suffering from famine as well as from pestilence, business is suspended, and the condition of the two cities is truly dreadful. When we remember that their population is 16,000 and 8,600 respectively, we can form some idea of the extent of the desolation which has befallen them. The inquiry which naturally suggests itself at the mention of these horrors is, first, what is the CAUSE of this destructive pestilence; and secondly, can this cause be prevented or removed, so as to secure these places from a recurrence of such a calamity? Is there anything in the situation of Norfolk and Portsmouth which renders them peculiarly liable to epidemics of yellow fever, or is their condition, as respects drainage, cleanliness, supply of water, and sanitary ordinances, such as predisposes them to epidemic disease in general? With regard to the first question, we know that these cities are situated on Elizabeth River, 32 miles from the sea, a circumstance certainly favoring the invasion of the disease, which "is confined almost exclusively to towns, or other situations where human beings congregate, as garrisoned forts, or ships. It is chiefly, moreover, in towns

upon the sea coast, or upon streams emptying into the ocean, that it is met with."—[Wood.] A warm climate is well known to be necessary for its development. As to the hygienic condition of Norfolk and Portsmouth, we know very little. Both are extremely level, and have generally wide and straight streets. Those of Norfolk are lighted with gas. Great quantities of oysters, vegetables and poultry are shipped from the latter place; and in 1852, one million pounds of rags were exported. Unless great precautions are taken to insure cleanliness, these articles might become an extensive source of disease. When the inhabitants shall have recovered from the effects of this scourge, we doubt not its causes will be investigated, and, so far as possible, be removed or counteracted.

Since the above was written, we learn from the Virginia Medical and Surgical Journal, that the epidemic in question broke out in less than two days after the cargo of the Steamer Ben Franklin, from St. Thomas, was unloaded; the first victims being among the crew of that vessel. The Ben Franklin arrived on the 7th of June, and discharged on the 5th of July. No case had occurred on board during her passage from St. Thomas.

At the recent commencement of Amherst College, the honorary degree of LL.D. was conferred upon Luther V. Bell, M.D., Medical Superintendent of the McLean Asylum, Somerville, Mass.

It has occasionally been found expedient to increase the number of pages of the Journal. This is always done with some special object in view, which requires more space than is commonly allowed. In the present number, eight additional pages are devoted to the "Extracts from the Boston Society for Medical Improvement." This has been deemed the more necessary, as it is impossible to find room for these papers sufficiently fast to enable us to keep up with the dates of the meetings. It is our intention to insert these reports, hereafter, fortnightly, and to furnish more of them at one time.

NOTICES.

Communications Received.—Letter from L. Parks, Jr., M.D.—Camphor an antidote to Strychnia.—On Syphilis.

Books Received.—Mackenzie on the Eye.—Dickson's Elements of Medicine.—Turnbull on Hooping Cough.—Transactions of the Medical Association of Southern Central New York.—Atlanta Medical and Surgical Journal: First Number.

In consequence of the frequent applications made by mail to the publisher, for information respecting places for practice which are advertised in the Journal, with no stamp enclosed for postage of the return letter, it has become necessary to give notice, that in such cases answers cannot be sent to these inquiries. Provision is rarely made by the advertiser for this expense—which, with the trouble of answering the numerous letters, comes upon the publisher. This opportunity is taken to repeat the terms for this class of advertisements—which are, the payment of \$2 in advance for the shortest, and longer ones in proportion.

DIED.—In this city, Benjamin P. F. Randall, M.D., aged 36 years.—In Portland, Me., 27th ult., Frederick B. Franklin, M.D., 23.

Deaths in Boston for the week ending Saturday noon, Sept. 8th, 59. Males, 43—females, 46. Accident, 1—Inflammation of the bowels, 3—bronchitis, 1—congestion of the brain, 1—consumption, 10—convulsions, 1—cholera infantum, 14—disease of the bladder, 1—dysentery, 10—diarrhoea, 1—dropsy in the head, 7—drowned, 1—infantile diseases, 3—puerperal, 1—exhaustion, 1—typhus fever, 1—typhoid fever, 2—scarlet fever, 1—hooping cough, 1—disease of the heart, 2—haemorrhage of the lungs, 1—intemperance, 2—marasmus, 2—old age, 2—pleurisy, 1—smallpox, 1—teething, 13—thrush, 1—unknown, 2—worms, 1.
Under 5 years, 56—between 5 and 20 years, 6—between 20 and 40 years, 20—between 40 and 60 years, 3—above 60 years, 4. Born in the United States, 73—Ireland, 14—British Provinces, 1—Germany, 1.

Caution to Physicians.—Physicians engaging in the service of Russia, cannot always relinquish their engagements at pleasure. A distinguished ship-master who has just returned from a sojourn in Europe, makes a few statements to us on this subject—not because of any antipathy to the Russian government, but by way of caution to his countrymen. He says there are quite a number of young American physicians engaged in the Crimea, and some of them in Sebastopol, who cannot hope for release till the end of the war, lest they should impart information to the disadvantage of the Russians. Ignorant of this incident to their engagement, some of them have occasion to regret the step they have taken. In the allied armies there are no such restrictions upon the personal liberty of physicians.

So many physicians have been engaged by the belligerent armies, that it is with the utmost difficulty competent men of this class can be secured for merchantmen. Even men who have the most ordinary qualifications for the office are often taken. Hence, there is no occasion for medical gentlemen committing themselves to an engagement with the Russians, under such onerous stipulations, merely for the sake of employment.—*N. Y. Med. Times.*

Death from Hydrophobia.—On September 2, a man named Michael Foster was taken to the Kings County Hospital from Brooklyn, where he died on Monday from hydrophobia. Deceased had been employed in a stable in Boerum street, but on account of his intemperate habits, about four weeks ago he was discharged. He left at the stable a small dog, which the keeper requested him to take away, which he did. While endeavoring to catch him, the dog ran into a place where nothing but his tail could be reached. Foster grasped hold of this and dragged him out. As he did this, the dog turned and bit him on the hand, inflicting a slight wound.

There was no suspicion of the dog being rabid, and no attention was paid to the bite. Last Friday, Foster began to feel very strangely, and would go into spasms at the sight of water. On Sunday morning he came to the stable; when one hand was placed in a basin of water, he could hold it there but a very short time; and although carrying water all the time, the sight of it would excite him very much. Five physicians were called in, and one of the number declared he had hydrophobia, but the others thought differently. He was finally taken to the hospital, where he died, as above stated, within twenty-four hours, in great agony.—*N. Y. Daily Times.*

Yellow Fever is desolating a number of the cities in Virginia. A committee appointed by a town meeting of our citizens are sending funds and physicians to Norfolk and Portsmouth. New York and Baltimore are doing the same. Our large cities generally on the Atlantic border are very much deserted this summer, temporarily, on account of the rumors of disease in the South. Strict quarantine is enforced in Philadelphia. Our city, in the mean time, is remarkably healthy and free from all epidemic disease. The usual diseases of the season appear to be much less frequent than usual.—*Phil. Med. and Surg. Jour.*

The Yellow Fever of 1853–4–5, a triune or triennial epidemic, though temporarily suspended during the winter season, rages still in New Orleans. The illusory hopes and flattering prognostications which many persons indulged, that the unparalleled epidemic of 1853 had exhausted itself, or rather the food on which it fed, have ended in disappointment. Several cases of the fever occurred in the spring; the number slowly augmented, while cholera, then prevalent, rapidly declined at the approach of the summer solstice. The reported weekly mortality from yellow fever for eight weeks, commencing with June 23, and ending the third week of August, is respectively as follows: 17, 32, 44, 119, 173, 222, 291, 394. Total for this period, 1292—antecedent to which the deaths from yellow fever were very few—since which they have progressively increased, and will be summed up hereafter.

After the most searching investigation, there appears to be an entire unanimity of opinion, both among contagionists and non-contagionists, that the yellow fever of 1855 originated in New Orleans, and that all the earlier as well as the later cases occurred among persons who had not been in any manner exposed to the fever in foreign ports or to imported contagion.—*N. O. Med. and Surg. Jour.*